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APPLICATION NUMBER FILING DATE FIRST NAMED APPLICANT 834-066-0CIF GOTO 03/31/93 08/040.986

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NORMAN F. OBLON OBLON, SPIVAK, MCCLELLAND,

NOTICE TO FILE MISSING PARTS OF APPLICATION RTLING DATE GRANTED An Application Number and Filing Date have been assigned to this application. However, the items indicated below are missing. The required items and fees identified below must be timple submitted ALONG WITH THE PAYMENT OF A SURCHARGE for items 1 and 3-6 only of \$	MAIER & 1755 JEI	MEUSTADT FFERSON DAVI	s HIGHWAY,	ATH FL.	0000	
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required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due. 3. December 10 to declaration:	1. The entit	statutory basic fili y, must submit \$	ng fee is: □ miss to	ing 🛭 insufficier complete the basi	nt. Applicant as a □ large c filing fee.	entity small
□ does not cover items omitted at time of execution. An oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date is required. □ The oath or declaration does not identify the application to which it applies. An oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required. □ The signature to the oath or declaration is: □ missing; □ a reproduction; □ by a person other than the inventor or a person qualified under 37 CFR 1.42, 1.43, or 1.47. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required. □ The signature of the following joint inventor(s) is missing from the oath or declaration: □ An oath or declaration listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required. □ The application was filed in a language other than English. Applicant must file a verified English translation of the application and a fee of \$	requ	iired multiple depe	ndent claim fee,	are required. App	licant must submit the ac	iding any Iditional claim
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Direct the response and any quiestions about this nation to Capture Truf, Application Processing // Division, Special Processing and Correspondence Branch (763) 308-1202.	Direct the	erespanae and any	piestions about	himutianto 🖙		cation Processing

A copy of this notice \underline{MUST} be returned with the response.

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